

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

Marvin Glenn Hollis

COURT CASE NUMBER

C-07-2980-TEH (PR)

DEFENDANT

Eloy Medina, Correctional Counselor II Appeals Coordinator

TYPE OF PROCESS Summons,
Complaint & Order

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Eloy Medina, Correctional Counselor II Appeals Coordinator

AT

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

California Department of Corrections & Rehabilitation

Salinas Valley State Prison, P.O. Box 1050, Soledad, CA 93960

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Marvin G. Hollis, #E-37508
Salinas Valley State Prison
P.O. Box 1050, D-8-220
Soledad, California 93960Number of process to be
served with this Form - 285

3

Number of parties to be
served in this case

1

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

, Deputy Clerk

XXXX

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2067

DATE

11/30/2007

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1

District
of Origin

No. 11

District
to Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

Date

12/12/07

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

\$8.00

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

12/12/07 - Mailed Summons w/ 299 Form
4/6/08 - Acknowledged Receipt

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL
United States District Court
for the
Northern District of California

TO: Eloy Medina
Correctional Counselor II, Appeals Coordinator
Salinas Valley State Prison
P.O. Box 1020
Soledad, CA 93960

Civil Action, File Number C07-2980-TEH (PR)

Marvin Glenn Hollis

v.

Eloy Medina

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

12/12/07
Date of Signature

for Federico Rocha, U.S. Marshal
Signature (USMS Official) [Signature]

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave, Suite 11000
Street Number and Street Name or P.O. Box No.

Deputy Attorney General
Relationship to Entity/Authority to Receive

San Francisco, CA
City, State and Zip Code

Service of Process

[Signature]
Signature

June 16/08
Date of Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense